## DE ARATION and POWER OF ATTOR

As a below-named inventor, I hereby declare that:						
My residence, post office address and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  METHOD FOR LOCALIZATION OF BLOOD CLOTS						
the specification of which is attached hereto unless the following box is checked:						
was filed on as U.S. Application No or PCT International Application No and was amended						
On(if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.						
I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.  Application No.  Country  Filing Date  Priority Claimed (Ves/No.)						
Thing Date Thornty Claimed (Tes/No)						
I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.						
U.S. Provisional Application No. 60/126,359				U.S. Filing Date 3/26/99		
I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application						
designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.						
Application No. U.S. Filing Date Status (patented, pending or abandoned)						
POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:						
Name: Blair Q. Ferguson				Registration No.: 34,329		
Gerald J. Boudreaux				35,073		
Karen H. Kondrad				35,073		
Scott K. Larsen				38,532		
Maureen P. O'Brien				42,043		
Norbert Reinert				18,926		
Mary K. VanAtten				39,408		
Kenneth B. Rubin				36,295		
Rosemarie R. Wilk-Orescan				P45,220		
Sand companyages and direct						
4.1 a b. a a 11 a. 4 a.				Pont de Nemours and Co. (302) 992-4528		
Maureen P. O'Brien Legal – 1007 Mg William			Patents arket Street	reet		
Wilmington, DE 19898, U.S.A.  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are						
believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.						
INVENTOR(S)						
Full Name of Inventor	Last Name LAZEWATSKY		First Name JOEL		Middle Name	
Signature (please sign full name):			JOEL	Date:		
Residence & City State or Foreign Country Country of Citizenship						
Citizenship	AÚBURNDALE		MASSACHUSETTS		Country of Citizenship US	
Post Office Address	Post Office Address 32 WOODLAND RD.		City AUBURNDALE		State or Country MASSACHUSETTS	Zip Code 02466
Full Name	Last Name		First Name		Middle Name	
of Inventor Signature (please sign full name): Date:						
Residence & Citizenship	City		State or Foreign Country		Country of Citizenship	
Post Office	Post Office Address		City		State or Country	Zip Code
Address	<u> </u>				L <u>.</u>	

Additional Inventors are being named on separately numbered sheets attached hereto.